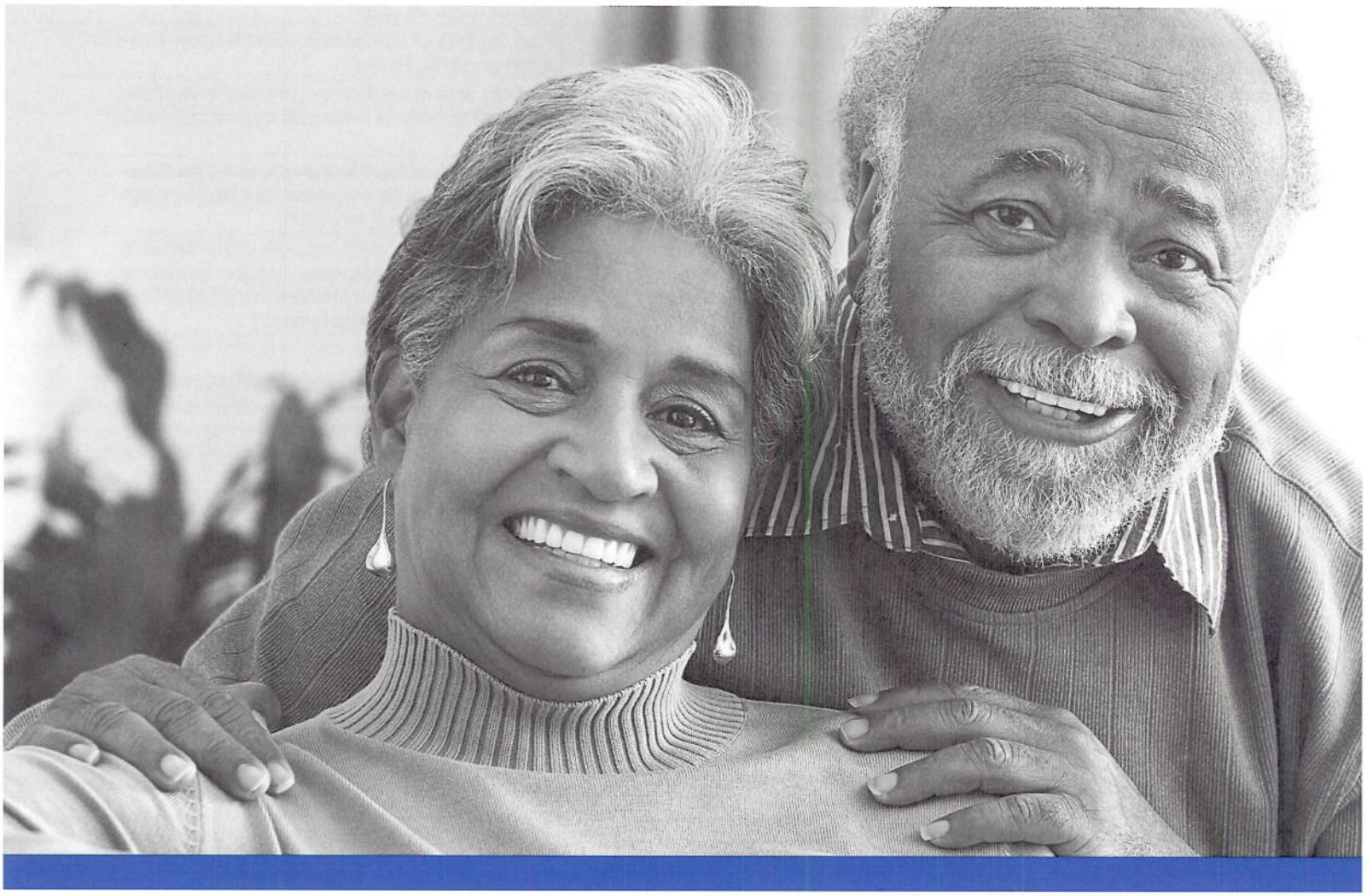
CareFirst BlueCross BlueShield



Health Benefit Options

Charles County Commissioners

Retirees 65+
2011–2012

2011 Standard Group Over 65

Benefits Comparison Summary

Benefits	Medicare Covers	Standard Group Over 65
Part A Hospital Deductible	60 days of inpatient hospital care, except for a $1,132 deductible.	Pays the first $1,132 of the inpatient hospital bill for the first 60 days of hospitalization.
Inpatient Days 61-90	30 additional days of hospital inpatient care, except for a $283 per day copayment.	Pays the $283 per day copayment for days 61-90 of inpatient hospitalization.
Lifetime Reserve Days	60 additional "lifetime reserve" days of inpatient hospital care, except for a $566 per day copayment.	Pays $566 per day copayment when the 60 "lifetime reserve" days are used.
Skilled Nursing Facility	100 days of inpatient care in a skilled nursing facility, except for the $141.50 per day copayment for days 21-100.	Pays the $141.50 per day copayment for days 21-100 in a skilled nursing facility.
Inpatient Medical/ Surgery	80% of the Medicare-approved amount for in-hospital surgery and medical care, after the annual $162 deductible has been met.	Pays the $162 deductible and 20% of the Medicare-approved amount for in-hospital surgery and medical care.
Outpatient Surgery	80% of the Medicare-approved amount for outpatient hospital visits and surgery, for medical conditions after the annual $162 deductible has been met.	Pays the $162 deductible and 20% of the Medicare-approved amount for outpatient hospital visits and surgery, for a medical condition.*
Emergency Services	80% of the Medicare-approved amount for minor surgery and emergency first aid provided in a physician's office or hospital outpatient department, after the annual $162 deductible has been met.	Pays the $162 deductible and 20% of the Medicare-approved amount for physician services for surgery and emergency first aid provided in a physician's office or hospital outpatient department.*
Diagnostic Services	Covers clinical laboratory services at 100% of the Medicare-approved amount. 80% of the Medicare-approved amount for diagnostic X-rays or pathology examinations provided in a physician's office or hospital outpatient department, after the $162 deductible has been met.	Medicare covers in full. **For outpatient minor surgery or accidental injury:** Pays the $162 deductible and 20% of the Medicare-approved amount if provided by a Medicare participating physician or hospital outpatient department* **For all other cases:** Covered by Major Medical.
Radiation/ Chemotherapy Services	80% of the Medicare-approved amount for radiation/ chemotherapy services provided in an office or hospital outpatient department, after the $162 deductible has been met.	Pays the $162 deductible and 20% of the Medicare-approved amount for radiation/chemotherapy services provided in an office or hospital outpatient department.
Preventive Benefits		
Annual Physical	One Annual Wellness visit every 12 months. There is no coinsurance, copayment or deductible.	Covered by Medicare
Routine GYN	No coinsurance, copayment or deductible for Pap Smears, Pelvic and clinical breast exams. Covered once every 2 years. Covered once a year for women at high risk.	100% of the Allowed Benefit the year Medicare does not pay
Prostate Cancer Screening Exam	80% of the Medicare-approved amount for digital rectal exam for men age 50 and older after the $162 annual deductible has been met. 100% for the PSA test; 80% for other related services. Covered once a year.	Pays 80% of Part B Medicare deductible and coinsurance
Colorectal Cancer Screening	No coinsurance, copayment or deductible for screening colonoscopy or screening flexible sigmoidoscopy.	Covered by Medicare
Mammography Screening	No coinsurance, copayment or deductible. One baseline between ages 35-39. Once every 12 months for age 40 and older.	Covered by Medicare
Diabetic Supplies & Services	80% of the Medicare-approved amount for blood glucose monitors, testing strips, lancet devices, after the $162 annual deductible has been met.	Pays 80% of Part B Medicare deductible and coinsurance.
Bone Mass Measurement	No coinsurance, copayment or deductible. Once every 24 months for persons at high risk for osteoporosis.	No coinsurance, copayment or deductible. Once every 24 months for persons at high risk for osteoporosis.

* *Benefits limited to minor surgery or services provided within 72 hours of an accident or injury.*

In addition to the Standard Group Over 65 Benefits, the Retirees of Charles County Commissioners also have . . .

Major Medical Benefits: To reimburse subscribers for out-of-pocket expenses not covered by Medicare, such as balances on office visits and durable medical equipment.

Major Medical benefits are subject to a $300 deductible, per person, and then reimbursed at 80% of Allowed Benefit up to $1,000 stop loss. Reimbursement is then 100% of Allowed Benefit for the remaining calendar year.

Prescription Drug Card Program: $5 copay generic/$20 copay Formulary Brand/$35 copay Non-Formulary Brand/3 copays for 90-day maintenance for retail /2 copays for 90 day maintenance supply for mail order.

CareFirst BlueChoice, Inc.

Benefits	CareFirst BlueChoice, Inc.
Inpatient Hospitalization	Covered in full
Inpatient Medical/Surgical	Covered in full
Emergency Services (Life Threatening)	Emergency Room – 100% after $25 copay (waived if admitted) Urgent Care Center – $5 PCP/$10 Specialist
Primary Care Office Visit – Sick	$5 copay/visit
Specialist Office Visit	$10 copay/visit
Outpatient Surgery	$5 PCP/$10 Specialist (facility covered in full)
Maternity Care – Pre & Postnatal	$10 copay per visit (up to $100 per pregnancy)
Diagnostic X-ray & Lab	Covered in full
Well Child Care	$5 copay per visit
Routine Physicals/GYN Exam	$5 PCP/$10 Specialist
Allergy Testing	Allergy Testing/Injection/Serum – $5 PCP/$10 Specialist
Physical/Occupational/Speech Therapy (PT, OT, ST)	$10 copay (30 visits per condition, per calendar year)
Chiropractic Care	$10 copay (20 visits per calendar year)
Radiation/Chemotherapy	$10 copay per visit
Durable Medical Equipment	Covered in full – no maximum
Prescription Drugs (When filled by Participating Pharmacies)	$5 copay Generic / $20 copay Formulary Brand $35 copay Non-Formulary Brand/3 copays for 90-day maintenance for retail / 2 copays for 90 day maintenance supply for mail order
Inpatient Psychiatric	*Covered in full
Outpatient Psychiatric	$5 copay/visit
Alcohol/Substance Abuse Rehabilitation	*See Psychiatric Benefits
Dependent Age Limit	End of month in which they turn 26
Cost Containment	All cost containment performed by HMO

** Benefits will be managed through Magellan Behavioral Health. All Psychiatric/Alcoholism Treatment requires preauthorization by Magellan Behavioral Health: (800) 245-7013.*

The above serves as a comparison only. Please consult each plan benefit guide for full details, particularly in regard to exclusions, limitations, and additional coverage. Benefits subject to the contract between CareFirst BlueCross BlueShield or CareFirst BlueChoice, Inc. and Charles County Commissioners.

During open enrollment you may choose one of these two medical plans:

Standard Group Over 65	CareFirst BlueChoice, Inc.

Then, when you need medical care if you choose:

Standard Group Over 65	CareFirst BlueChoice, Inc. (HMO)
You May See A Provider of Your Choice. Maximum Benefit When Using a Provider That Accepts Medicare Assignment.	You Must Stay In-Network

Charles County Commissioners Select Vision Benefits

	Lenses	Frames	Total Allowance
Single	$41.50	$29.50	$71.00
Bifocal	$67.00	$29.50	$96.50
Trifocal	$89.50	$29.50	$119.00
Cataract (Aphakic)	$156.50	$29.50	$186.00
Contact Lenses (per pair)	Medically Indicated*		$221.00
	Cosmetic - Single Vision Lenses (Instead of frames and lenses)		$71.00
Benefit Period for Frames and Lenses	Benefits for frames, lenses, and contact lenses are available once every 12 months.		
Eye Exam	Benefits for eye exam is once every 12 months.		100% of Allowed Benefit (any additional charge for contact lens exam not covered)

** Following cataract surgery or when visual acuity is correctable to at least 20/70 in the better eye only by use of contact lenses.*

Charles County Commissioners Regional Traditional Dental Benefits

BENEFIT PERIOD DEDUCTIBLES: CLASSES II, III & IV	
Individual Deductible	$25
Family Deductible	$75
REIMBURSEMENT LEVELS	
Class I - Preventive & Diagnostic Services	100% of Allowed Benefit (AB), no deductible
Class II - Basic Services Periodontal Services	100% of AB after deductible 80% of AB after deductible
Class III - Major Surgical Services	80% of AB after deductible
Class IV - Major Restorative Services	50% of AB after deductible
Class V - Orthodontic Services	50% of AB, no deductible
BENEFIT PERIOD MAXIMUM: CLASSES I, II, III & IV	$1,500
LIFETIME MAXIMUM: CLASS V	$1,500
BENEFIT PERIOD	July 1st - June 30th

CareFirst BlueChoice

CareFirst BlueCross BlueShield

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